## Request for Public Records City Clerk's Office

Date of Request	_	
Name	_	
Signature	<u> </u>	
Address		
City, State, Zip Code		
Telephone		
Please identify, as specifically as poss	sible, the records you are requesting:	
Date of release of records		
By	, Lafayette City Clerk's Office	

For records to be released signed form must be returned to:

Lafayette City Clerk's Office 20 North 6th Street Lafayette, IN 47901